Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

tions

(((H19000311881 3)))



H180003118613ABC%

Note: DO NOT hit the REFRESII/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : NASON, YEAGER, GERSON, WHITE & LICCE, P.A.

Account Number : 073222003555 Phone : (561)686-3307 Pax Number : (561)290-1590

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Brail Address: brain@nasonyeager.com

Foreign Limited Liability Company

Owl Housing, LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

Electronic Filing Menu

Corporate Filing Menu

Help



26四十二

17

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSI IN FLORIDA

	_,	=	
			声で 2 下
Limited Liability Company, must include	"Ilmited Liability Com	many," "LLC," or "ILC.")	P PH P PH
ame adopted for the purpose of transacting busin	ices in Florida. The alternate	name usus include "Limited Linbility	Company, "T.L.C," or "LLC.")
	3.		ST ORID
hich foreign limited liability company is organize	a)	(FRI number, ii	applicable)
(Date first transacted business in Florida, i (See sections 605.0904 & 605.0905, F.S.	if prior to registration.) to determine penalty liability)	_
2691	604	Banyan Trail, #812691	
rincipal Office)	<u></u> -	(Mailing Address)	
	Вося	Raton, FL 33481	
ss of Florida registered agent: (P.	O. Box <u>NOT</u> accep	table)	
Brian Hickey, Esq.		_	
3001 PGA Blvd., Suite 305		_	
Palm Beach Gardens		33410 , Florida	
(City)		(Zip code)	
tence.			
	Limited Liability Company; must include aux adopted for the purpose of transacting business in Florida. (Date first transacted business in Florida. (See sections 605.0904 & 605.0905, F.S. 2691 Principal Office) Brian Hickey, Esq. 3001 PGA Blvd., Suite 305 Palm Beach Gardens (City)	Limited Liability Company, must include "Limited Liability Company aue adopted for the purpose of transacting business in Plorida. The alternate is high foreign limited liability company is organized) (Date first transacted business in Plorida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine permity liability.) 2691 604 6. Bocs See of Florida registered agent: (P.O. Box NOT accept Brian Hickey, Esq. 3001 PGA Blvd., Suite 305 Palm Beach Gardens (City)	TION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SURMITTED TO REGISTER ASSNESS IN THE STATE OF FLORIDA: Limited Liability Company, must include "Limited Liability Company," "L.L.C." or "LL.C.") ause subopted for the purpose of transacting business in Florida. The alternate name wast include "Limited Liability Company in a organized District Include "Limited Liability Company is organized) (PBI number, if Chair first transacted business in Florida, if prior to registration.) (See accident 605.0904 & 605.0905, F.S. to determine peralty liability) 2691 6. 604 Banyan Trail, #812691 6. Mailing Address) Boca Raton, FL 33481 Brian Hickey, Esq. 3001 PGA Bivd., Suite 305 Palm Beach Gardens , Florida , Florida

8. For initial index manage [up to six (6	ing purposes, list names, title or capacity at 5) total]:	nd addresses of the primary m	embers/managers or persons authori			
Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address			
Manager	Name: FLDE Manager LLC	Manager	Name: PE 2			
Member	Address: 604 Banyan Trail, #812691	☐ Member	Address:			
Authorized	Boca Raton, FL 33481	Authorized	TO F			
Person		Person	- SA			
Other	Other	Other	' C			
Manager	Name:	☐ Manager	Name:			
Member	Address:	_ Member	Address:			
Authorized		Authorized				
Person		_ Person				
Other	Other	Other	Other			
Manager	Name:	Manager	Name:			
☐Mcmbcr	Address:	Member	Address:			
Authorized		Authorized				
Person		Person				
Other	Other	Other	Other			
indexed individuals 9. Attached is a cert jurisdiction under th of the translator mu 10. This document	is executed in accordance with section 605, ment to the Department of State constitutes	or Florida Department of State old, duly authenticated by the ficate is in a foreign language 0203(1) (b), Florida Statutes.	Annual Report form. official having custody of records in t, a translation of the certificate under o l am aware that any false information			
Brian Hickey, Esq., Authorized Person						
	1)	rped or printed name of signee				

Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HERBY CERTIFY "OWL HOUSING, LLC" IS DULY FORMED UNDER

THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A

LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF

THE TWENTY-FIRST DAY OF OCTOBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "OWL HOUSING, NO LIC" WAS FORMED ON THE TENTH DAY OF OCTOBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

7650790 8300 SR# 20197651194 Authentication: 203835757

Date: 10-21-19